FORM D



## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION



Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Private Placement	03026455
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule 506 Section	4(6) ULOE
Type of Filing:	
A. BASIC IDENTIFICATION DATA	
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  HUDSON IV VENTURES, LTD	
	ne Number (Including Area Code) 91-2121
Address of Principal Business Operations (Number and Street, City, State, Zip Code)  (if different from Executive Offices)  Telephore	ne Number (Including Area Code)
Brief Description of Business Investment Partnership	
Type of Business Organization	
☐ corporation ☐ limited partnership, already formed ☐ other (p	please specify):
business trust limited partnership, to be formed	PROCESSED
<u> </u>	PROCESSED  Bestimated   JUL 1 1 2003
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State; CN for Canada, FN for foreign Jurisdiction)	THOMSON FINANCIAL

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



### A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
HUDSON IV OPERATIN					
Business or Residence Address (	•				
5339 Spring Valley Road,	Dallas, TX 752	54			
Check Box(es) that Apply:	✓ Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Miller, Dale S.					
Dusiness or Residence Address (	Number and Street	, City, State, Zip Code)			******
1801 Century Park East, 7	<sup>th</sup> Floor, Los An	geles, CA 90067			
Check Box(es) that Apply:	Promoter	☑ Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)			1	
Hevrony, Nathan					
Business or Residence Address (	Number and Street	, City, State, Zip Code)			
200 East 61st Street, #38G,	New York, NY	7 10021			
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in	dividual)				
Kuna, Walter					
Business or Residence Address (	Number and Street	, City, State, Zip Code)			
c/o Lazard & Co. GmbH, U	Ulmenstrasse 37	7-39, 60325 Frankfur	t, Germany		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if in-	dividual)				
Business or Residence Address (	Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if inc	dividual)				
Business or Residence Address (	Number and Street	, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or
Full Name (Last name first, if inc	dividual)				Managing Partner
Business or Residence Address (	Number and Street	, City, State, Zip Code)			
	(Use blank sheet	t, or copy and use addition	nal copies of this sheet, as r	necessary)	

					B. INF	'ORMA'	TION AE	OUT O	FFERIN	G				
													Yes	No
1. Has t	he issuer s	old or do	es the issu	er intend t	o sell, to	non-accre	dited inves	stors in thi	s offering	?			. 🗆	
				An	swer also	in Appen	dix, Colun	nn 2, if fil	ing under	ULOE.				
2. What	is the min	imum ins	estment tl	nat will he	accented	from any	individual	17					. \$21.591	
2. ,,	is the min	minum m			accepted	irom uny	mary idual		***************************************				. 021,351	
													Yes	No
3. Does	the offerin	ig permit	joint own	ership of a	single un	it?			••••••		,		. 🗹	
compersor states	r the informission or on to be list, list the per or deale	similar re sted is an name of	emuneration associate the broker	on for soli d person or dealer	citation of or agent or . If more	purchase of a broke than five	rs in conne r or dealer (5) perso	ection wit r registere ns to be l	h sales of d with the	securities e SEC and	in the offe I/or with a	ering. If a a state or		
	me (Last n olicable	ame first,	if individ	ual)										
Busines	s or Reside	ence Addı	ress (Num	ber and St	reet, City,	State, Zi	Code)							
Name o	f Associate	ed Broker	or Dealer		<del></del>				-					
States in	Which Pe	erson List	ed Has So	licited or	Intends to	Solicit Pu	ırchasers							
	"All States									All States		>		
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
(IL) [MT)	[IN] [NE]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Na	ne (Last na	ame first,	if individ	ual)	<u></u>									
Busines	s or Reside	ence Addı	ress (Num	ber and St	reet, City,	State, Zip	Code)			,			_	
Name of	f Associate	d Broker	or Dealer				. a.							
States in	Which Pe	rson List	ed Has So	licited or	Intends to	Solicit Pu	ırchasers							
	'All States									All States		[ ** ** ]		
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]		
[MT]	[NE]	[NV]	[NH]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]		
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]		
Full Nar	ne (Last na	ame first,	if individu	ual)	····					<u>,</u>		<u>-</u> -		A M/N- 19 - 18-
Busines	s or Reside	ence Addr	ess (Num	ber and St	reet, City,	State, Zip	Code)	4171	Keek v					
Name of	f Associate	d Broker	or Dealer		<del> </del>								<u> </u>	
States in	Which Pe	rson List	ed Has So	licited or	ntends to	Solicit Pu	ırchasers							
	'All States							, , , , , , , , , , , , , , , , , , ,		All States	· · · · ·			
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]		
[IL] [MT]	(IN) (NE)	[AI] [VV]	(KS)	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]		
[RI]	[SC]	[SD]	(TN)	[TX]	[UT]	[VT]	[VA]	(MM)	[WV]	[WI]	[WY]	[PA]		

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1. Enter the aggregate offering price of securities included in this offering and the total amount already

	sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box $\square$ and indicate in the column below the amounts of the securities offered for exchange and already exchanged.			
	Type of Security	Aggregate Offering Price		Amount Already Sold
	Debt	\$		\$
	Equity	\$		\$
	☐ Common ☐ Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$ 1,900,013	_	\$ 1,900,013
	Other (Warrants to purchase common stock – shares and warrants sold as units)	\$ Nil		\$ Nil
	Total	\$ 1,900,013		\$ 1,900,013
	Answer also in Appendix, Column 3, if filing under ULOE			
2.	. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			
		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors	10		\$ 1,900,013
	Non-accredited Investors			\$ Nil
	Total (for filings under Rule 504 only)			\$
	Answer also in Appendix, Column 3, if filing under ULOE			
	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.	Type of		Dollar Amount
	Type of offering	Security		Sold
	Rule 505	•		\$ Nil
	Regulation A			\$ Nil
	Rule 504			\$ Nil
	Total			\$ Nil
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.			
	Transfer Agent's Fees			\$ <u>Nil</u>
	Printing and Engraving Costs.			\$ <u>Nil</u>
	Legal Fees.			\$ <u>Nil</u>
	Accounting Fees			\$ Nil
	Engineering Fees			\$ <u>Nil</u>
	Sales Commissions (specify finder's fees separately)			\$ Nil
	Other Expenses (identify) Reserve for administrative expenses			\$ 30,000
	Total			\$ 30,000

b. Enter the difference between the aggregate offer furnished in response to Part C-Question 4.a. This	ing price given in response to Part C- Question difference is the "adjusted gross proceeds to t	on 1 ar he issu	id tota ier."	al expenses	\$ <u>1,8</u>	70,000
5. Indicate below the amount of the adjusted groused for each of the purposes shown. If the a estimate and check the box to the left of the est the adjusted gross proceeds to the issuer set for	mount for any purpose is not known, furnishmate. The total of the payments listed must	sh an equal				
				Payments to Officers, Directors, & Affiliates	Pay	ments To Others
Salaries and fees			\$_			\$
			\$_			\$
	tion of machinery and equipment		\$_			\$
•	ngs and facilities.	П	\$			\$
Acquisition of other businesses (include	ling the value of securities involved in this for the assets or securities of another issuer					
pursuant to a merger			\$_			\$
Repayment of indebtedness			<b>\$</b> _			\$
Working capital			<b>\$</b> _			\$
Other (specify) Loans						
·			\$_			\$ 1,870,000
			\$ <u> </u>			\$ <u>1,870,000</u>
Total Payments Listed (column totals a	added)		•	\$ 1,870	0,000	
	D. FEDERAL SIGNATURE					
The issuer has duly caused this notice to be signed signature constitutes an undertaking by the issuer t information furnished by the issuer to any non-acc	o furnish to the U.S. Securities and Exchange	Com	nissio	on, upon written		
Issuer (Print or Type)	Signature	D	ate			
Hudson IV Ventures, Ltd.	(fe) me	(	6-	-30-0	5	
Name of Signer (Print or Type)	Title of Signer (Print or Type)					
Dale S. Miller	CEO of General Partner of Issuer					
	1					
	ATTENTION				<del></del>	
Intentional misstatements or omis		ninal	viol	ations. (See	18 U.S.	C. 1001.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	E. STATE SIGNATURE			
1. Is any party described in 17 CFR 230.252 preserrule?	ntly subject to any of the disqualification provisi	ions of such	Yes	No
	See Appendix, Column 5, for state response.			
2. The undersigned issuer hereby undertakes to fur CFR 239.500) at such times as required by state	•	nich this notice	is filed, a not	ice on Form D (17
3. The undersigned issuer hereby undertakes to furn offerees.	nish to the state administrators, upon written req	uest, informatio	n furnished b	by the issuer to
4. The undersigned issuer represents that the issuer Offering Exemption (ULOE) of the state in which the burden of establishing that these conditions I	ch this notice is filed and understands that the iss			
The issuer has read this notification and knows the duly authorized person.	contents to be true and has duly caused this noti	ce to be signed	on its behalf	by the undersigned
Issuer (Print or Type)	Signature	Date		
Hudson IV Ventures, Ltd.	Caton!	6-30	-03	
Name of Signer (Print or Type)	Title of Signer (Print or Type)			
Dale S. Miller	CEO of General Partner of Issuer			

#### Instruction

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

1	T :	2	3			4	·		5
	Intend to non-according inves	to sell to credited tors in ate -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)	New	Type of amount pu (Part		Disqualification under State ULC (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-accredited Investors	Amount	Yes	No
AL				<u> </u>	ļ				<u> </u>
AK				<u> </u>					
AZ									
AR			T: 10 ID 11						
CA		Х	Limited Partnership Interests	7	\$786,919	0	0		X
CT				<del> </del>					<u> </u>
DE								<u> </u>	
DC									
FL	 								
GA									
HI									
ID									-
IL									<del>                                     </del>
IN									
IA						:			
KS									
KY									
LA						i		<del>-</del> -	
ME									
MD									
MA									
MI									
MN									
MS									
MO									
MT									
NE									
NV									
NH									
NJ		,							
NM									
NY		X	Limited Partnership Interests	X	\$549,418	0	0		X

### APPENDIX

1	2	2	3			4			5
	Intend to sell to non-accredited investors in State Type of section and aggreg offering proferred in s		Type of security and aggregate offering price offered in state (Part C-Item 1)			under Sta (if yes explan waiver	ification ate ULOE , attach ation of granted) -Item 1)		
State	Yes	No		Number of Accredited Investors Amount Investors Amount					No
NC									:
ND									
OH									
OK									
OR								-	
PA									
RI									
SC									
SD									
TN									
TX									
UT					:				
VT									
VA	-				-				
WA									
WV									
WI									
WY									
PR									